



CONTINUING EDUCATION REGISTRATION FORM

Print in ink or type all information below:

For which course are you applying? [Only one course per form] _____

Course #: _____ Section #: _____ Date course begins: _____ Date course ends: _____

PERSONAL:

Name: _____
(Last) (First) (Middle/Maiden Name)

Social Security Number: _____ Date of Birth: _____

Home Phone: _____ Hospital Extension or Work Number: _____

Cell Phone: _____ Email Address: _____

Name you prefer to be called: _____ County of Residence: _____

Mailing Address: _____
(Number and Street Address) (City) (State) (Zip)

GENDER	ETHNIC GROUP/RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic of any race <hr/> For non-Hispanic only: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races

1. Are you a U.S. Citizen? (If no, you must present a valid I-551 or Permanent Resident Card) _____

2. Are you an employee of CMC-NE or one of its affiliate OR a CCHS student? Yes No

3. Have you ever been arrested, charged with or convicted of a criminal offense other than a minor traffic violation? Yes No
If yes, are such criminal charges pending against you at this time? Please attach an explanation describing the circumstances and current status of such arrests, charges or convictions. Certain misdemeanors and/or felonies may make a graduate ineligible for professional certification/licensure.

REFUND POLICY

- 1) Registration fee is refunded if the class is cancelled due to insufficient enrollment.
- 2) Fee for background check is non-refundable
- 3) Registration fee is not refunded if the registrant fails to attend class. Course substitutions prior to the first class meeting will be considered. Please call 704-403-2216.